



**Coding Announcement:**

**2012 Major Coding Changes to Skin Replacement and Skin Substitute CPT Codes**

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The American Burn Association will incorporate coding announcements in the IAC Advisory newsletter and display these coding changes on the ABA website, [www.ameriburn.org](http://www.ameriburn.org), to educate and prepare ABA membership for upcoming coding changes. New 2012 major coding changes and examples are highlighted in this announcement.

All previous allograft, dermal replacement, and xenograft Current Procedural Terminology® codes have been deleted for 2012 and 8 new skin substitute grafts codes have been created (15271-15278).

**New and Deleted CPT Codes**

Prior to 2012, the skin substitute codes were described by the type of graft such as allograft, acellular dermal allograft, tissue cultured allogeneic skin substitute, and tissue cultured allogeneic dermal substitute.

**Twenty-two (22) CPT codes have been deleted.** These codes should be removed from your charge capture tools (e.g., superbills, encounter forms, charge tickets):

15300	15301	15320	15321
15330	15331	15335	15336
15340	15341	15360	15361
15363	15366	15400	15401
15420	15401	15420	15421
15430	15431		

In 2012, the new codes are organized by location and size of the defect. For multiple wounds, you are to sum the surface area of all wounds from similar anatomic locations. There is one set of codes for total surface areas up to 100 sq cm and you are to report these codes in 25 sq cm increments (15271, +15272, 15275, and +15276).

A second set of codes describes application of skin substitute graft(s) to total surface areas 100 sq cm or greater in which case you will report in 100 sq cm increments, using codes 15273, +15274, 15277, and +15278.

**New codes applicable to the trunk, arms, and legs are shown in the table below:**

CPT Code	Descriptor
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm of less wound surface area
+15272	Each additional 25 sq cm wound surface area, or part thereof (List separately in additional to code for primary procedure)
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
+15274	Each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in additional to code for primary procedure)

***New codes applicable to the face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits are shown in the table below:***

<b>CPT Code</b>	<b>Descriptor</b>
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm of less wound surface area
+15276	Each additional 25 sq cm wound surface area, or part thereof (List separately in additional to code for primary procedure)
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
+15278	Each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in additional to code for primary procedure)

### **Coding Guidelines**

*The new codes are not to be used for non-graft wound dressings (eg, gels, ointments, foams, liquids) or for injected skin substitutes.*

Removal of the existing graft and/or simple cleansing of the wound is included in the new codes and not separately reported. Additionally, CPT guidelines state that debridement may be separately reported only when “gross contamination requires prolonged cleansing, when appreciable amounts of devitalized or contaminated tissue are removed, or when debridement is carried out separately without immediate primary closure.”

The supply of the actual product (the skin substitute graft itself) may be separately reported using a HCPCS II supply code by the provider that incurred the expense. For example, if the physician practice purchased the product and the product was provided to the patient in the physician office (place of service 11), then the physician practice may separately report a charge for the product itself in addition to the CPT code for the application. However, if the hospital furnished the product because it was used on an inpatient then the hospital will bill for the product while the physician will bill for the application CPT code.

*Medicare has assigned these new codes a zero-day global period.*

### **Examples**

Application of 25 sq cm of allograft to a hand is reported with code 15275. Each subsequent 25 sq cm of allograft up to 100 sq cm is reported with add-on code +15276. A 40 sq cm allograft application to a hand is reported with two codes: 15275 and +15276.

However, if the total surface area of allograft application is 100 sq cm or greater then different codes must be used for the first 100 sq cm. Therefore, application of 175 sq cm of allograft to both hands is reported with two codes: 15277 and +15278.

*If you have further questions in reference to the 2012 changes, please email the American Burn Association, Maureen Kiley, ABA Director, at [kiley@ameriburn.org](mailto:kiley@ameriburn.org).*